

STATE OF NEW HAMPSHIRE

Department of Safety Division of Motor Vehicles Stephen E. Merrill Building 23 Hazen Drive, Concord, NH 03305 TDD Access: Relay NH 1-800-735-2964

Director of Motor Vehicles

OUT-OF-STATE RESIDENCE

Name: (please print):						
	First		N	Middle		Last
New Hampshire Address						
	Street			City/Town		Zip code
Date of Birth:		New H	lampshir	e Driver	License Num	ıber:
If you are applying for, or	have previou	ıslv an	plied for	a new Ha	mpshire drive	r license and/or identification card
	-		-		-	er residence or other reasons please
complete this form so that	-			_		-
• • • • • • • • • • • • • • • • • • •	J con meense				our write orwe.	, 100,000
I will be leaving the State		-	on:			
I will be returning to New	_					
I will be out of New Hamp	shire during	the ab	ove time	for the fo	llowing reaso	n: please check one
I attend colleg	e out of state	e.				
☐ I reside in ano	ther state du	ring the	e winter r	nonths.		
Other. Please						
Outer. Trease	state the rea	son oc	iow.			
Please mail my driver lic	ense to my	out of s	tate addre	ess below	:	
Street			City	or Town		Zip Code
	ct you, woul	d you լ	please pro	ovide the	following con	tact information that may be added to
your file:						
Best contact telephone	number:	()	-		<u> </u>
Other contact telephone	number:	()	_		
•	-					
Other contact telephone	number:	()			_
May we leave a message	e if necessar	y?	Yes		No	
Email address (optional)):					_
Cianatura						Dotos
Signature:						Date: